



Home Energy Plus Application

Application Date (mm/dd/ccyy) _____

Worker Number _____

☐ Check this box if this is an "Early Application".

| For Office Use Only | |
|--------------------------|--|
| <input type="checkbox"/> | Heating, Crisis and Weatherization Application |
| <input type="checkbox"/> | Weatherization Only Application |
| <input type="checkbox"/> | Withdrawn |

Please Print Using Blue or Black Ink

| | | | | | | | | | | | | | |
|---|--|---|--------------------------------|---|--|---|---|--|---------------------------------------|--------------------------------|-----------------------------------|--------------------------------|----------------------------------|
| 1. Outreach Indicator <input type="checkbox"/> Local Agency <input type="checkbox"/> Alternate Site <input type="checkbox"/> Home Visit <input type="checkbox"/> Mail/Phone | | 2. Social Security Number | | | | | | | | | | | |
| 3. Ethnic Group (check one) <table border="0"><tr><td><input type="checkbox"/> African American</td><td><input type="checkbox"/> Hispanic/Latino</td><td><input type="checkbox"/> Other</td></tr><tr><td><input type="checkbox"/> American Indian or Alaskan</td><td><input type="checkbox"/> Native Hawaiian or Pacific Islander</td><td><input type="checkbox"/> Not Reported</td></tr><tr><td><input type="checkbox"/> Asian</td><td><input type="checkbox"/> White</td><td></td></tr></table> | | | | <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Other | <input type="checkbox"/> American Indian or Alaskan | <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Not Reported | <input type="checkbox"/> Asian | <input type="checkbox"/> White | | |
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Other | | | | | | | | | | | |
| <input type="checkbox"/> American Indian or Alaskan | <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Not Reported | | | | | | | | | | | |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White | | | | | | | | | | | | |
| 4. First Name | | Middle Initial | Last Name | | | | | | | | | | |
| 5. Residence Address Address _____ City _____ State _____ ZIP _____ County _____ | | 6. Mailing Address (if different than residence) Address _____ City _____ State _____ ZIP _____ | | | | | | | | | | | |
| 7. If you have a legal guardian, protective payee or an authorized representative, if so, what is that person's name? <table border="0"><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>Guardian's First Name</td><td>Middle</td><td>Last</td></tr></table> | | | | _____ | _____ | _____ | Guardian's First Name | Middle | Last | | | | |
| _____ | _____ | _____ | | | | | | | | | | | |
| Guardian's First Name | Middle | Last | | | | | | | | | | | |
| 8. Enter Your Primary Phone Number(s) () _____ Secondary Phone Number () _____ <table border="0"><tr><td><input type="checkbox"/> Home</td><td><input type="checkbox"/> Work</td><td><input type="checkbox"/> Cellular</td><td><input type="checkbox"/> Pager</td><td><input type="checkbox"/> Contact</td></tr><tr><td><input type="checkbox"/> Home</td><td><input type="checkbox"/> Work</td><td><input type="checkbox"/> Cellular</td><td><input type="checkbox"/> Pager</td><td><input type="checkbox"/> Contact</td></tr></table> | | | | <input type="checkbox"/> Home | <input type="checkbox"/> Work | <input type="checkbox"/> Cellular | <input type="checkbox"/> Pager | <input type="checkbox"/> Contact | <input type="checkbox"/> Home | <input type="checkbox"/> Work | <input type="checkbox"/> Cellular | <input type="checkbox"/> Pager | <input type="checkbox"/> Contact |
| <input type="checkbox"/> Home | <input type="checkbox"/> Work | <input type="checkbox"/> Cellular | <input type="checkbox"/> Pager | <input type="checkbox"/> Contact | | | | | | | | | |
| <input type="checkbox"/> Home | <input type="checkbox"/> Work | <input type="checkbox"/> Cellular | <input type="checkbox"/> Pager | <input type="checkbox"/> Contact | | | | | | | | | |
| 9. Enter Your Birth Date (mm/dd/ccyy) | | 10. Are you a citizen of the USA or an eligible alien? (check one) <table border="0"><tr><td><input type="checkbox"/> US Citizen</td><td><input type="checkbox"/> Eligible Alien</td><td><input type="checkbox"/> Ineligible Alien</td></tr></table> | | <input type="checkbox"/> US Citizen | <input type="checkbox"/> Eligible Alien | <input type="checkbox"/> Ineligible Alien | | | | | | | |
| <input type="checkbox"/> US Citizen | <input type="checkbox"/> Eligible Alien | <input type="checkbox"/> Ineligible Alien | | | | | | | | | | | |

11. Are you (the applicant case head) a student enrolled at least half-time in an institution of higher learning?

☐ Yes ☐ No

If yes, check any of the following conditions that meet your situation

- ☐ A student and currently working twenty or more hours per week making at least minimum wage
☐ A student and financially responsible for a child under age 18 who is living with you
☐ A student and physically or mentally disabled
☐ A student and receiving extended Unemployment Compensation (UC) benefits
☐ A student and receiving TANF or W-2 Benefits
☐ A student and spouse lives with you who is not a student
☐ A student and none of the above apply

12. Select the response that best describes your living arrangements as of the date you sign this application.

- ☐ Live in a group home, half-way house, Community Based Residential Facility (CBRF) or foster home
☐ Live in a nursing home
☐ Live in a government institution or prison or jail
☐ Are currently in a homeless situation moving to a permanent residence
☐ None of the above

13. Do you own your own home or rent?

☐ Own ☐ Rent

14. If heat is included in your rent (**R**) or you pay your landlord for your heating costs (**S**), complete the following information.

Landlord's Name _____ Phone (____) _____
Address _____
City _____ State _____ ZIP _____

15. Do you live in government assisted housing or receive rental assistance?

☐ Yes ☐ No

Report the heating/electric allowance as income for the case head. Count only the amount of the heating/electric allowance that was applied to rent during the last three months on the income page.

16. What type of housing do you live in?

- ☐ Single family house
☐ Duplex or two family house
☐ Apartment or multi-unit building – How many units/apartments are in this building? ____
☐ Mobile home
☐ Rooming house, motel, hotel, YMCA or YWCA
☐ Ineligible dwelling unit
☐ Not a Wisconsin Resident

17. Number of rooms in your house.

(Do not count bathrooms, unfinished basements, entryways, hallways, unheated attics and porches or closets.)

18. How many persons, if any, are disabled or handicapped in your household?

(The number of individual household members entered must match the number checked as disabled in section 22.)

19. Is anyone in your household under age 18 and related to any other person(s) (ages 18 and over) in the household in one of the following ways? ☐ Yes ☐ No

| | | | | |
|----------|----------------|---------------------|--------------|--------------|
| Son | Great Grandson | Granddaughter | Half-brother | Half Sister |
| Stepson | Daughter | Great Granddaughter | Step Brother | Step Sister |
| Grandson | Step-daughter | Brother | Sister | Uncle |
| Aunt | Nephew | Great-nephew | Great niece | First Cousin |
| Niece | | | | |

20. Zero income household: ☐ Yes ☐ No

21. Complete the following sections for each type of fuel you use for any home energy costs:

Heating fuel types are: Fuel Oil, Natural Gas, Propane, Electric Heat, Wood or Other

You must select which fuel type is used to heat the water in your home.

Primary Heat Source

CHECK HOW YOUR PRIMARY HOME HEATING COSTS ARE PAID

| Fuel Type Name | Water Heating | Directly pay the bill sent from the fuel supplier | Rental payment includes fuel in the monthly rent payment | Separate payment is made to the landlord, mobile home park owner, Energy Service Company (ESCO) or heats with wood | No heating burden – service for previous month was provided in-kind or paid by a government program |
|----------------|--------------------------|---|--|--|---|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Annual Fuel Costs _____

Cost Basis:

☐ Last year's actual cost (9/1 thru 8/30) ☐ Budgeted ☐ No Fuel costs
☐ Prior year, (previous 12 months from date of application)

Vendor Name _____

Vendor # _____

Account Name _____

Account # _____

If Electric is already entered as Primary Heat & there are not secondary fuel sources- GO TO #22

CHECK HOW YOUR ELECTRIC COSTS ARE PAID

| NON-HEATING Energy | Water Heating | Directly pay the bill sent from the fuel supplier | Rental payment includes fuel in the monthly rent payment | Separate payment is made to the landlord, mobile home park owner or Energy Service Company (ESCO) | No non-heating burden – service for previous month was provided in-kind or paid by a government program |
|--------------------------|--------------------------|---|--|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Annual Fuel Costs _____

Cost Basis:

☐ Last year's actual cost (9/1 thru 8/30) ☐ Budgeted ☐ No Fuel costs
☐ Prior year, (previous 12 months from date of application)

Vendor Name _____

Vendor # _____

Account Name _____

Account # _____

If you heat with multiple fuel types, enter the information for additional fuel types below:

CHECK HOW YOUR OTHER HOME HEATING COSTS ARE PAID

| Fuel Type Name | Water Heating | Directly pay the bill sent from the fuel supplier | Rental payment includes fuel in the monthly rent payment | Separate payment is made to the landlord, mobile home park owner, Energy Service Company (ESCO) or heats with wood | No heating burden – service for previous month was provided in-kind or paid by a government program |
|----------------|--------------------------|---|--|--|---|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Annual Fuel Costs _____

Cost Basis:

☐ Last year's actual cost (9/1 thru 8/30) ☐ Budgeted ☐ No Fuel costs
☐ Prior year, (previous 12 months from date of application)

Vendor Name _____

Vendor # _____

Account Name _____

Account # _____

CHECK HOW YOUR OTHER HOME HEATING COSTS ARE PAID

| Fuel Type Name | Water Heating | Directly pay the bill sent from the fuel supplier | Rental payment includes fuel in the monthly rent payment | Separate payment is made to the landlord or mobile home park owner, Energy Service Company (ESCO) or heats with wood | No heating burden – service for previous month was provided in-kind or paid by a government program |
|----------------|--------------------------|---|--|--|---|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Annual Fuel Costs _____

Cost Basis:

☐ Last year's actual cost (9/1 thru 8/30) ☐ Budgeted ☐ No Fuel costs
☐ Prior year, (previous 12 months from date of application)

Vendor Name _____

Vendor # _____

Account Name _____

Account # _____

22. List every person who lives at your address below:

| | Name | Social Security Number | Birth Date (mm/dd/ccyy) | Citizen/ Eligible Alien Ineligible Alien | Disabled Cat. Eligible |
|-----|------|------------------------|----------------------------|--|---|
| 1. | | | | - | <input type="checkbox"/> <input type="checkbox"/> |
| 2. | | | | - | <input type="checkbox"/> <input type="checkbox"/> |
| 3. | | | | - | <input type="checkbox"/> <input type="checkbox"/> |
| 4. | | | | - | <input type="checkbox"/> <input type="checkbox"/> |
| 5. | | | | - | <input type="checkbox"/> <input type="checkbox"/> |
| 6. | | | | - | <input type="checkbox"/> <input type="checkbox"/> |
| 7. | | | | - | <input type="checkbox"/> <input type="checkbox"/> |
| 8. | | | | - | <input type="checkbox"/> <input type="checkbox"/> |
| 9. | | | | - | <input type="checkbox"/> <input type="checkbox"/> |
| 10. | | | | - | <input type="checkbox"/> <input type="checkbox"/> |
| 11. | | | | - | <input type="checkbox"/> <input type="checkbox"/> |
| 12. | | | | - | <input type="checkbox"/> <input type="checkbox"/> |

23. Income Codes

| | | | | | |
|------------------|--------------------------|-------------|--------------------------------|----------------|-------------------------------------|
| (A) | Alimony Received | (GF) | Gift/donations | (SSI) | Social Security Supplemental Income |
| (CS RECD) | Child Support Received | (GV) | Government Relief or Disaster | (SSI-E) | Deduction |
| (CS Paid) | Child Support Paid | (LC) | Land Contract Payment | (SU) | Sub Housing Utility Allowance |
| (C-Supp) | SSI Caretaker Supplement | (O) | Other | (T) | TANF/W2 |
| (DL) | Disability Long-term | (P) | Pensions, Annuities, and IRA's | (TR) | Tribal per Capita |
| (DS) | Disability Short-term | (R) | Rental Income | (UC) | Unemployment Compensation |
| (D) | Dividends/Interest | (SE) | Self-Employment | (V) | Veterans Benefits |
| (G) | Gambling/Lottery/Bingo | (SS) | Social Security | (W) | Wages & Tips |
| (GR) | General Relief | (SP) | Spousal Impoverishment | (WK) | Workers Compensation |

| Income Type | Income Source | Income | | | 3 Month Total | Verification Item |
|--------------------------------|---------------|---------|---------|---------|---------------|-------------------|
| | | Month 1 | Month 2 | Month 3 | | |
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| Total 3 Month Household Income | | | | | | |

Case Notes

Client Certification Page

Read each item on this page before signing the application.

If you do not understand any item, ask the worker for assistance.

1. I understand that I am responsible for reporting the names of all persons living at my address and the social security number and income of all persons in my household.
2. I understand that I am responsible for providing all required information within 30 days of the date of this application or the application is void and will be denied. I may still reapply, but a new application will be required.
3. I understand that I have the right to apply for Energy Assistance benefits and to receive either a payment or letter of explanation within 45 days from the date I submit this application.
4. I understand that if I believe my Energy Assistance application has been incorrectly denied or my payment is incorrect, I may request a fair hearing. I may also request a fair hearing if I have not received payment or explanation within 45 days from the date of my application. I may ask for a fair hearing by contacting the local office where I applied or by writing to: Wisconsin Department of Administration, Division of Hearings & Appeals, P.O. Box 7875, Madison, WI 53707-7875.
5. I understand that, if I am found eligible for energy assistance benefits, I may be referred to other residential weatherization and/or energy programs.
6. I understand that if I believe I have been discriminated against in any unlawful way, I may file a complaint by contacting the 504 Coordinator of the agency where I applied or any other person authorized by the agency to receive discrimination complaints.
7. I understand that the Wisconsin Department of Administration may use information provided on this form for purposes of research, evaluation and analysis.
8. I understand that I am authorizing the Wisconsin Department of Workforce Development to release information to the Home Energy Plus Program to verify employment and/or income.
9. I understand that the information on this form may be disclosed to energy programs operating under Wisconsin Public Benefit Program Authority or Wisconsin Public Service Commission approval.
10. You must use the payments you received to pay for the heating/electric costs for the residence you listed in your application or for paying the heating/electric costs for any future permanent residence you may move to in Wisconsin.

I certify that the information on this application and all information given in connection with this application are true and complete statements of facts. I further certify that I have read and understand the statements above. I understand that by signing this application, I am authorizing the Home Energy Plus agency and the Department of Administration (DOA) to obtain employment and/or income verification if necessary. I give permission to my heating and electric supplier(s) to provide details about my account and energy use to the Home Energy Plus agency. I authorize the Home Energy Plus agency and the DOA to be able to obtain information concerning:

- ❖ my home energy use and billing,
- ❖ housing information from subsidized housing offices or a landlord,
- ❖ Income verification.

I understand that I may be required to provide proof of any information on this application and that giving false information will invalidate this application, require the return of any benefits received and possibly subject me to prosecution for fraud.

Collection of your Social Security number is not prohibited by federal law and is a required data element for tracking applicant benefits granted by this program. Failure to provide this information will result in delayed processing of your application and inability to determine benefit amounts.

Applicant Signature

Date (mm/dd/ccyy)

FOR OFFICE USE ONLY

Agency Worker Signature

Date (mm/dd/ccyy)

This application can be made available in accessible formats to qualified individuals with disabilities.